

County: Waupaca
IOLA NURSING HOME
P.O. BOX 237

Facility ID: 4520

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IOLA 54945 Phone:(715) 445-2412
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/02): 63
Total Licensed Bed Capacity (12/31/02): 63
Number of Residents on 12/31/02: 60

Ownership: Non-Profit Corporation
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 58

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		
Home Health Care	No					1 - 4 Years		36.7
Supp. Home Care-Personal Care	No					More Than 4 Years		28.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.3			35.0
Day Services	Yes	Mental Illness (Org./Psy)	15.0	65 - 74	8.3			-----
Respite Care	Yes	Mental Illness (Other)	8.3	75 - 84	21.7			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	50.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	16.7	Full-Time Equivalent		
Congregate Meals	No	Cancer	1.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	6.7		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	15.0	65 & Over	96.7	-----		
Transportation	No	Cerebrovascular	15.0		-----	RNs		9.5
Referral Service	No	Diabetes	5.0	Sex	%	LPNs		7.7
Other Services	No	Respiratory	3.3	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	30.0	Male	36.7	Aides, & Orderlies		
Mentally Ill	No		-----	Female	63.3			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	3	100.0	298	39	92.9	112	0	0.0	0	15	100.0	144	0	0.0	0	0	0.0	0	57	95.0
Intermediate	---	---	---	3	7.1	94	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	5.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		42	100.0		0	0.0		15	100.0		0	0.0		0	0.0		60	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02			

Percent Admissions from:		Activities of		% Needing Assistance of	Total
		Daily Living (ADL)		One Or Two Staff	Number of Residents
				%	
Private Home/No Home Health	17.2	Bathing	Independent	86.7	60
Private Home/With Home Health	0.0	Dressing		13.3	60
Other Nursing Homes	6.1	Transferring		21.7	60
Acute Care Hospitals	76.8	Toilet Use		6.7	60
Psych. Hosp.-MR/DD Facilities	0.0	Eating		70.0	60
Rehabilitation Hospitals	0.0			3.3	60
Other Locations	0.0	*****			
Total Number of Admissions	99	Continence		%	%
Percent Discharges To:		Indwelling Or External Catheter		5.0	6.7
Private Home/No Home Health	56.9	Occ/Freq. Incontinent of Bladder		45.0	0.0
Private Home/With Home Health	3.9	Occ/Freq. Incontinent of Bowel		18.3	1.7
Other Nursing Homes	12.7				0.0
Acute Care Hospitals	11.8	Mobility			1.7
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained		1.7	13.3
Rehabilitation Hospitals	0.0				
Other Locations	0.0	Skin Care			
Deaths	14.7	With Pressure Sores		10.0	95.0
Total Number of Discharges		With Rashes		3.3	
(Including Deaths)	102				
				Receiving Psychoactive Drugs	75.0

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility	Ownership: Nonprofit		Bed Size: 50-99		Licensure: Skilled		All Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.1	92.2	1.00	88.5	1.04	86.7	1.06	85.1	1.08
Current Residents from In-County	81.7	76.0	1.07	72.5	1.13	69.3	1.18	76.6	1.07
Admissions from In-County, Still Residing	17.2	25.2	0.68	19.5	0.88	22.5	0.76	20.3	0.85
Admissions/Average Daily Census	170.7	95.0	1.80	125.4	1.36	102.9	1.66	133.4	1.28
Discharges/Average Daily Census	175.9	97.5	1.80	127.2	1.38	105.2	1.67	135.3	1.30
Discharges To Private Residence/Average Daily Census	106.9	38.4	2.79	50.7	2.11	40.9	2.61	56.6	1.89
Residents Receiving Skilled Care	95.0	94.3	1.01	92.9	1.02	91.6	1.04	86.3	1.10
Residents Aged 65 and Older	96.7	97.3	0.99	94.8	1.02	93.6	1.03	87.7	1.10
Title 19 (Medicaid) Funded Residents	70.0	63.8	1.10	66.8	1.05	69.0	1.01	67.5	1.04
Private Pay Funded Residents	25.0	28.5	0.88	22.7	1.10	21.2	1.18	21.0	1.19
Developmentally Disabled Residents	0.0	0.3	0.00	0.6	0.00	0.6	0.00	7.1	0.00
Mentally Ill Residents	23.3	37.9	0.62	36.5	0.64	37.8	0.62	33.3	0.70
General Medical Service Residents	30.0	23.0	1.30	21.6	1.39	22.3	1.34	20.5	1.46
Impaired ADL (Mean)	48.0	49.9	0.96	48.0	1.00	47.5	1.01	49.3	0.97
Psychological Problems	75.0	52.6	1.43	59.4	1.26	56.9	1.32	54.0	1.39
Nursing Care Required (Mean)	4.6	6.3	0.73	6.3	0.73	6.8	0.67	7.2	0.64